

**Mansfield ISD Student Nutrition
Refund Request Form**



A parent or guardian may request a refund from a Student Nutrition account using this form. Please complete all areas of the form and return to your student's school cafeteria, fax to 817-472-3002, or email the form to: studentnutrition@misdmail.org. The maximum on-site refund is \$25.00. All other refunds will be issued on a Mansfield ISD check and will take 4-6 weeks to process. Refunds more than \$25 will be mailed to the parent/guardian at the address listed below.

Campus Name: _____

Date: _____

Student Name: _____

ID#: _____

**Parent/
Guardian:** _____

Phone: _____

Address: _____

I, _____, am requesting a refund from the above account for the following reason

Amount to be refunded: \$ _____

Method of Refund: (Check one) Cash MISD Check

Guardian
Signature: _____

Date: _____

Manager
Signature: _____

Date: _____

Second
Signature: _____ Date: _____

**Copy of Parent/Guardian Driver's License required to process refund.
Maximum on-site refund is \$25.00. Allow 4-6 weeks for check refunds.**

Revised 12-03-2015
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

FOR OFFICE USE ONLY

VERIFIED AND REMOVED \$ _____ **FROM ACCOUNT ON** ___/___/___ **AUTHORIZED INITIALS** _____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.